

# **TRIAD DRUG TREATMENT EVALUATION**

## **SIX-MONTH REPORT**

### **EXECUTIVE SUMMARY**

#### **Introduction**

The Federal Bureau of Prisons (BOP) has provided drug abuse treatment in various forms for almost two decades. With the passage of the Anti-Drug Abuse Acts of 1986 and 1988<sup>1</sup> and an increased emphasis on and resources for alcohol and drug abuse treatment, the BOP redesigned its drug treatment programs. This design was completed after careful review of drug treatment programs nationwide. The treatment strategy addresses an inmate's drug abuse by attempting to identify, confront, and alter the attitudes, values, and thinking patterns that led to criminal and drug-using behavior. The current residential treatment program also includes a transitional component that keeps inmates engaged in treatment as they return to their home communities.

The Bureau of Prisons (BOP) recently undertook an evaluation of its residential drug abuse treatment program (DAP), designed to monitor inmates up to 3 years following release from BOP custody. This interim report is based on inmates who had been released from BOP custody into the community for 6 months. Findings suggest that the program is effective in reducing recidivism and substance abuse. The evaluation, conducted with funding and assistance from the National Institute on Drug Abuse, reveals that offenders who completed the drug abuse treatment program and had been released to the community for a minimum of 6 months were less likely to be re-arrested or to be detected for drug use than were similar inmates who did not participate in the drug abuse treatment program. Specifically, among inmates who completed the residential drug abuse treatment program, only 3.3 percent were likely to be re-arrested within the first 6 months in the community compared to 12.1 percent of those inmates who did not receive such treatment. In other words, treated inmates were 73 percent less likely to be re-arrested than untreated inmates. Similarly, among inmates who completed the residential drug abuse treatment, 20.5 percent were likely to use drugs within the first 6 months in the community compared to 36.7 percent of those who did not receive such treatment, suggesting that those who received drug treatment were 44 percent less likely than those who had not received treatment to use drugs within the first 6 months.

The findings of this preliminary evaluation are noteworthy because prior research indicates that the first 6 to 12 months of an offender's release back to the community are particularly difficult and often are critical to a successful reintegration. These findings, which suggest that drug abuse treatment assists inmates during this initial resettlement period, offer encouragement for the conclusion that another correctional program "works," making a difference in the lives of offenders and reducing the likelihood of future criminal conduct. In addition, the findings in this

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<sup>1</sup> The Anti-Drug Abuse Act of 1986 laid the groundwork for the drug treatment programs and the Anti-Drug Abuse Act of 1988 contained provisions for the funding of these programs.

study are strengthened due to the large sample size (1,800), a rigorous research design, and the uniqueness of using a multi-site sample.

## **Paths to Treatment Service**

This evaluation project addresses residential drug abuse treatment programs in the Bureau of Prisons for inmates who receive a substance abuse diagnosis. However, any inmate interested in drug abuse treatment can receive services through various means, ranging from drug education to non-residential to residential depending upon individual inmate need. Treatment services are primarily available at three different stages while in Bureau custody. Treatment can continue when an inmate is released from Bureau custody to the supervision of U.S. Probation.

In the custody of the Bureau of Prisons:

Stage 1: Inmates participate in residential drug abuse treatment within the confines of a designated drug abuse treatment unit generally for either 9 or 12 months (i.e., unit-based treatment). The treatment strategies employed are based on two premises: the inmate is responsible for his or her behavior, and the inmate can change his or her behavior.

Stage 2: Upon successful completion of the unit-based drug abuse treatment program, inmates are required to continue drug abuse treatment for up to 12 months when returned to general population. During this stage of institution drug abuse programming, known as institutional transition, inmates meet with drug abuse program staff at a minimum rate of once a month. Ordinarily, institution transition is conducted as a group activity consisting of relapse prevention planning and a review of treatment techniques learned during the intensive phase of the residential drug abuse program.

Stage 3: All inmates who participate in the residential drug abuse program are required to participate in community transitional services when they are transferred from the institution to a Community Corrections Center (halfway house). In the community, the Bureau contracts with community drug abuse treatment providers who provide group, individual, and/or family counseling that meet the needs of the individual inmate. Generally, these contractors offer the same type/philosophy of treatment offered in the institution. In addition, community transitional services also are offered to inmates who have not completed any drug abuse treatment in the institution or who have received treatment other than the residential program.

Out of Bureau Custody:

In addition, inmates leaving Bureau custody for supervision with the U.S. Probation Office may remain in drug abuse treatment with the same treatment provider the Bureau used during the community transition program. U.S. Probation provides a wide-range of treatment services for its

offender population, although not all releasees are required to participate in post-release treatment.

### **Unit-Based Residential Treatment**

This evaluation effort focuses on two types of residential treatment programs for alcohol and other drug problems. The first offers 1,000 hours of treatment over a 12-month period with a staff-to-inmate ratio of 1:12. The second offers 500 hours of treatment over a 9-month period with a staff-to-inmate ratio of 1:24. Most of the subjects in this study participated in the 9-month program.

All residential DAP's are unit-based, that is, all program participants live together — separate from the general population — for the purpose of building a treatment community. Each unit has a capacity of approximately 100 inmates. Ordinarily, treatment is conducted on the unit for a half-day in two, 2-hour sessions. The other half of the day, inmates participate in typical institution activities (e.g., work, school). During these times, as well as during meals, treatment participants interact with general population inmates.

The goal of these programs is to attempt to identify, confront, and alter the attitudes, values, and thinking patterns that led to criminal behavior and drug or alcohol use. Most program content is standardized and the following modules comprise 450 hours of programming, both in didactic and process groups: Screening and Assessment; Treatment Orientation; Criminal Lifestyle Confrontation; Cognitive Skill Building; Relapse Prevention; Interpersonal Skill Building; Wellness; and Transitional Programming. The remaining program hours are structured at the discretion of each program.

All admissions to drug treatment are voluntary. At the outset of program implementation, there were no incentives for residential drug treatment program participation. However, over time various incentives were implemented. These included nominal financial achievement awards, consideration for a full 6 months in a halfway house for successful DAP program completion, and tangible benefits such as shirts, caps, and pens with program logos to program participants in good standing. The incentives for drug treatment significantly changed with the passage of the Violent Crime Control and Law Enforcement Act of 1994. This law allowed eligible inmates who successfully complete the BOP's residential drug treatment program to earn as much as a 1-year reduction from their statutory release dates.<sup>2</sup>

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<sup>2</sup> This early release provision presents issues of disparity for Bureau inmates. The disparity arises when, for example, two inmates convicted of the same offense receive different prison terms because the inmate who has been diagnosed with a substance abuse problem receives a one-year reduction on his/her sentence and the inmate without a substance abuse problem serves the entire sentence. In effect, many perceive this one-year reduction as a reward for drug-abusing behavior.

## Sample

The preliminary results contained in this report relate to inmate subjects who were released no later than December 31, 1995, and who were released to the community for 6 months or more. Most of these inmates were within approximately one year of release from BOP custody when they completed the program.<sup>3</sup> This report includes data only for the first 6 months of release for each inmate; the final report will cover a 3-year post-release period for all individuals. The sample contained in this report includes 1,866 individuals — 1,524 men and 342 women — for whom comprehensive data were available.

## *Treatment Subjects*

Treatment subjects were sampled from 20 different institutions with a residential drug treatment program. This represents approximately two-thirds of the institutions that currently operate residential treatment programs. These institutions represent all security levels, except maximum security, and serve both male and female populations.

The four types of residential DAP participants<sup>4</sup> as they were categorized in the analyses are: 1) inmates in residential drug treatment who completed that treatment, 2) inmates who dropped out, 3) inmates discharged from treatment for disciplinary reasons, and 4) inmates who, for a variety of other reasons, did not complete the program. This “incomplete” category, in general, comprises inmates unable to complete the residential, unit-based program because they were transferred to another institution or to a halfway house (CCC), had their sentences shortened toward the end of their incarceration, or spent an extended amount of time on writ or medical furlough. Table 1 provides a breakdown of inmate subjects by gender, treatment and comparison group assignments, and individual categories within the treatment group.

Of the 719 male subjects who entered unit-based residential treatment, 73 percent completed the treatment program, 5 percent voluntarily dropped out of the program, 8 percent were removed for disciplinary reasons, and 14 percent constituted the “incomplete” subject type, as described above.

Of the 180 female subjects who entered unit-based residential treatment program, 54 percent completed the treatment program, 9 percent voluntarily dropped out of the program, 13 percent were removed for disciplinary reasons, and 24 percent were of the “incomplete” category.

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<sup>3</sup> Typically, inmates enter a residential drug abuse treatment program 36 to 24 months before release from BOP custody. This allows inmates to complete treatment and transition into community-based treatment with minimal interruption to their treatment program.

<sup>4</sup> For purposes of this discussion, residential drug abuse program (DAP) refers only to Stage One — the unit-based stage of the program.

Anecdotal information collected during the study suggests that the lower percentage of treatment “completers” among women than among men may be related to policy differences between treatment sites and differential enforcement of program rules.

### ***Comparison Subjects***

Male and female comparison subjects were drawn from more than 30 institutions, some that offered residential drug abuse treatment programs and some that did not. The comparison subjects consisted of individuals who had histories of previous drug use and, therefore, would have met the criteria for admission to the residential drug treatment programs. There were 805 male and 162 female comparison subjects.

<b>Table Ex1. Type of Subject by Gender</b>				
	<b>MALE</b>		<b>FEMALE</b>	
<b><i>TYPE OF SUBJECT</i></b>	<b><i>NUMBER</i></b>	<b><i>PERCENT</i></b>	<b><i>NUMBER</i></b>	<b><i>PERCENT</i></b>
<b>Treatment</b>	719	47.2%	180	52.6%
12-month Program Graduate	122	8.0%	41	12.0%
9-month Program Graduate	401	26.3%	56	16.3%
Drop-out	37	2.5%	16	4.7%
Disciplinary discharge	55	3.6%	24	7.0%
Other reason - incomplete	104	6.8%	43	12.6%
<b>Comparison</b>	805	52.8%	162	47.4%
<b><i>TOTAL</i></b>	1,524	100.0%	342	100.0%

### **Outcome Measures**

Criminal recidivism and post-release drug use were the primary outcomes of interest in this evaluation. The other outcomes examined were unsuccessful halfway house completion and percent of post-release time the subject was employed full-time. Criminal recidivism was defined two ways: 1) an arrest for a new offense, or 2) an arrest for a new offense *or* supervision revocation. Revocation was defined as occurring only when the revocation was solely a technical violation of one or more conditions of supervision (e.g., detected drug use, failure to report to probation officer).

Because much of the outcome information was obtained from interviews with U.S. probation officers, the analyses for three of the outcome measures (arrest for new offense or revocation, drug use, and employment) were conducted only for individuals released to supervision. The analysis for arrest for new offense used both supervised and unsupervised subjects because arrest information could be collected on unsupervised subjects from the FBI's National Crime Information Center (NCIC). The analysis concerning unsuccessful halfway house completion was limited to those individuals who received halfway house placements.

Drug use as a post-release outcome refers to the *first* occurrence of drug or alcohol use. This information consisted of four different categories of a violation of a supervision condition as reported by U.S. probation officers: a positive urinalysis (u/a), refusal to submit to a urinalysis, admission of drug use to the probation officer, or a positive breathalyzer test.<sup>5</sup>

Employment information was also obtained through interviews with U.S. probation officers. This information was limited to employment occurring prior to any post-release arrest or revocation. This outcome was defined as the percentage of post-release period that the subject was employed full-time.

Halfway house placement failure, for those individuals who received such a placement before release from custody, was reported by halfway house staff. Approximately two-thirds of the subjects received a halfway house placement. Failure to complete a halfway house placement is the result of a disciplinary infraction, whether for a violation of halfway house rules or for criminal activity.

Before examining the effects of treatment, it is important to look at the base rate of failure for each outcome measure for both treatment and control inmates. This base rate of failure is presented by gender in Table 2, and tells us, for example, that the base failure rate for arrest on a new offense for all subjects (both those who received treatment and those who did not receive treatment) is 14 percent for men and 6 percent for women. Overall, these results indicate that for each outcome measure, the percentage with a successful outcome is lower for men with the exception of employment. Forty-four percent of the male subjects were employed full-time during the entire 6-month post-release period as compared to 28 percent of the women.<sup>6</sup>

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<sup>5</sup> A violation of a condition of supervision does not always result in a revocation.

<sup>6</sup> However, looking instead at inmate subjects who were employed either full- or part-time during some or all of the post-release period, this trend changes, with 79 percent of women working either full- or part-time and 82 percent of men working either full- or part-time.

<b>Table Ex2. Outcome Measure by Gender 6 Months Post Release</b>		
	Male	Female
ARREST FOR NEW OFFENSE	14%	6%
ARREST FOR NEW OFFENSE OR REVOCATION	21%	11%
DRUG USE	31%	20%
UNSUCCESSFUL HALFWAY HOUSE COMPLETION	23%	15%
EMPLOYED FULL-TIME ENTIRE POST-RELEASE PERIOD	44%	28%

## **Analyses**

The analyses of the effects of unit-based drug treatment on the various outcome measures controlled for a wide variety of background factors known to be related to recidivism and treatment outcomes, including a number of factors related to drug-using populations that have not been examined in previous evaluation studies. These background measures included drug use frequency for each of the various drug types, drug and alcohol dependency, drug treatment history, mental health treatment history, psychiatric diagnoses of depression and antisocial personality, criminal history, age, race, ethnic status, employment history, motivation for change, level of supervision (e.g., halfway house placements before and after release from custody, release to supervision, frequency of urine testing), and post-release living situation.

Three different methods of analyses were used to assess treatment effectiveness. Two of these methods represent different approaches to control for self-selection into treatment, i.e., selection bias. These methods represent alternative procedures to ensure that effects of treatment are not confounded with effects of volunteering for treatment. One method compares all individuals who had treatment available to those who did not have treatment available. The second method directly controls for selection bias. The third, the traditional method, is similar to that used in some previous evaluations but it does not control for selection bias.

The assessment of treatment effects generally showed consistency in results for the various outcome measures when comparing the differing methods of analyses. The results reported below focus upon those using the strategy directly controlling for selection bias because this strategy was felt to assess most reliably the effects of drug treatment.

All analyses, except those for employment outcomes, were done 1) for males and females combined and 2) for males only. Separate analyses of outcome measures other than employment were not possible given the smaller number of women in the sample and the lower failure rate of women (see Table 2).

## Findings — Residential Drug Abuse Treatment

The effects of unit-based residential treatment on post-release outcomes described below are the differences in outcomes between treatment and comparison groups after controlling for various background factors and for self-selection into treatment.

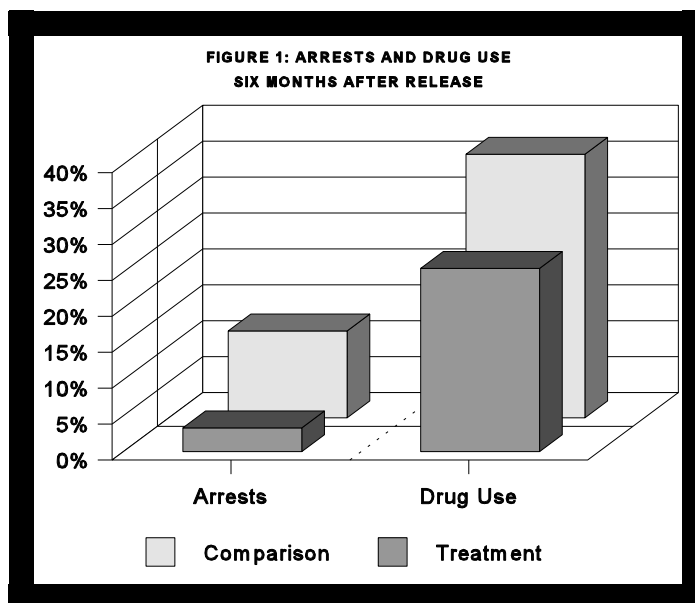
### Recidivism

Arrest for New Offense — Individuals who had received unit-based residential treatment had a lower probability of being arrested in the 6-month follow-up period than did comparison subjects. The probability of arrest for individuals who entered and completed treatment was 3.3 percent as compared to a probability of approximately 12.1 percent for untreated subjects (see Figure 1). In other words, among inmates who completed residential drug abuse treatment, only 3.3 percent were likely to be re-arrested within the first 6 months in the community compared to 12.1 percent for non-treatment inmates; those who received treatment were 73 percent less likely to be re-arrested than those who had not received treatment.

Arrest for New Offense Or Supervision Revocation — When outcome was defined as arrest for new offense or supervision revocation, residential drug treatment effects also were found. Questions arise when combining arrest and supervision revocation in the same outcome measure. Therefore, this analysis should be considered preliminary, with future reports examining the relationship, similarities, and differences in the two measures of recidivism.

### Drug Use

The results for drug use, like those for arrests for a new offense, show that individuals who participated in a residential drug abuse treatment program were less likely to have evidence of post-release drug use than were comparison subjects. Among inmates who completed residential drug abuse treatment, 20.5





percent were likely to use drugs in the first 6 months following treatment completion compared to 36.7 percent among untreated inmates; that is, those inmates who completed residential drug abuse treatment were 44 percent less likely to use drugs in the first 6 months following release than those who did not receive treatment (see Figure 1).

### ***CCC Failures***

Approximately two-thirds of the individuals received a halfway house placement (CCC) before their release from BOP custody. Results indicate that treatment completion had no effect on whether inmates successfully completed their halfway house stay.

### ***Post-Release Employment***

Individuals who participated in residential drug abuse treatment during their incarceration were no more likely to be employed full-time for a greater percentage of the 6-month post-release period than were individuals who did not participate in treatment. This finding was true for both men and women.

### ***Inter-Institutional Differences***

The preliminary data show that when controlling for differences in the composition of inmates in the 20 different programs that were evaluated, there were few differences between programs in effectiveness as measured by the five outcome measures. With larger sample sizes and other information on program quality, inter-institutional differences can be examined more thoroughly in the future.

### **Summary**

The preliminary results of this initial look at residential drug abuse treatment programs suggest important and exciting possibilities for the treatment of drug offenders. Despite what is thought to be a difficult period of adjustment — the first 6 months following release from custody — inmates who entered, received, and completed residential drug abuse treatment were 73 percent less likely to be re-arrested than inmates who did not receive such treatment. This 73-percent reduction in arrest rates, coupled with the 44-percent reduction in drug use for treated subjects, strongly suggests that the Bureau of Prisons' residential drug abuse treatment programs make a significant difference in the lives of inmates following their release from custody and return to the community.

This evaluation has been methodologically rigorous and has revealed significant positive effects on arrest and drug use in post-release outcomes for a 6-month follow-up period. Because studies have shown that recidivism rates are highest within the first year and, while lower after that, are still high for another year or two, these results must be interpreted with caution. Future analyses

will evaluate whether these effects are sustained over a longer follow-up period (3 years after release).